



Department of Human Resources
311 W. Saratoga St.
Baltimore, MD. 21201-3521

FIA INFORMATION MEMO

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**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND CASE MANAGERS**

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR

RE: GROUP LIVING ARRANGEMENTS

PROGRAM AFFECTED: FOOD STAMP PROGRAM

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY:

Recently we have received several questions about food stamp eligibility and how to calculate the benefits of persons living in group living arrangements. This information memo does not change the policy. It is to provide clarification and policy reminders.

POLICY REMINDERS:

Definition: A group living arrangement (GLA) is a public or private nonprofit residential setting that serves no more than sixteen residents. The facility must be certified by agencies of the State under regulations issued under section 1616(e) of the Social Security Act.

Disabled or blind individuals who live in GLAs may be eligible for food stamps even if the facility provides a majority of the person's meals.

Verification of Facility Status:

- Prior to certifying any residents of a GLA facility the LDSS must verify that:
 1. The facility is licensed by a health or mental health or social services agency of the State of Maryland for the care of 16 or fewer persons;
 2. The center is a non-profit (tax-exempt) facility. The Internal Revenue Service provides written verification of tax status to each approved GLA facility.

- You can verify the status of the facility by going to the Developmental Disabilities Administration web site at www.ddmaryland.org.

Eligibility Requirements:

To be eligible for food stamp benefits, a resident of a group living arrangement must be blind or disabled and one of the following:

- Receiving Supplemental Security Income or Social Security Disability benefits.
- Receiving federally or state-administered supplemental benefits under the Social Security Act provided that eligibility is based on disability or blindness criteria under title XVI of the Social Security Act. This includes Public Assistance to Adults benefits (PAA).
- Receiving disability retirement benefits from a governmental agency because of a disability considered permanent under the Social Security Act.
- A veteran with a service-connected (or non-service-connected) disability rated as total by the Veteran's Administration (VA) or paid as total by the VA.
- A veteran or a surviving spouse of a veteran considered by the VA to be in need of regular aid and attendance or permanently housebound under Title 38 of the United States Code.
- A surviving child of a veteran and considered by the VA to be permanently incapable of self-support under title 38 of the United States Code.
- A surviving spouse or child of a veteran and entitled to compensation for service connected death or pension benefits for a non-service connected death and has a disability considered permanent under the Social Security Act.
- Receiving an annuity payment under the Railroad Retirement Act of 1974 and determined to be eligible to receive Medicare by the Railroad Retirement Board.
- Receiving an annuity payment under the Railroad Retirement Act of 1974 and determined to be disabled under title XVI of the Social Security Act.
- Receiving interim assistance benefits pending the receipt of SSI.
- Receiving federal disability- related medical assistance.

Authorized Representative

- Residents may apply on their own, through an authorized representative of their own choosing, or through an authorized representative employed and designated by the GLA facility.

- The facility must determine if any resident or group of residents may apply on their own behalf. Accept applications for any individual applying as a one-person household or for any grouping of residents applying as a household as defined in Section 100 of the Food Stamp Manual.
- Frequently, an authorized representative designated by the GLA applies for benefits for the resident.
- If residents apply on their own they may apply as a one-person household or a group of residents may apply as a household.
- All residents in the GLA facility do not have to apply on the same basis.

Determining Eligibility and Benefits

Income

- Include any income paid or owed to the household. Income includes, but is not limited to, SSI, Veteran's benefits, Social Security, Public Assistance to Adults (PAA), and earnings.
- **Vendor payments made by the Department of Health and Mental Hygiene (DHMH) or DHR directly to a provider for a service is not countable if the money is not owed to the household. In some living situations, such as Rehabilitative Residence Programs, grants are made to a provider agency for a package of services to cover the care of the residents of the program. The money is not owed to the client and is not counted as income. It is also not used as a deduction.**

Examples:

#1 Ms. Johns is in a GLA. She receives a \$579 SSI benefit and a PAA grant of \$300. The facility also receives a grant from DHMH to help with costs of care. This money is not owed to Ms. Johns. Ms. Johns' countable income is \$879.

#2 Mr. Jones is in a CARE program facility. His income is \$600 SSA disability and \$451 PAA. His countable income is \$1051.

#3 Ms. Smith is in an Association of Retarded Citizens (ARC) Group Home. She receives \$545 SSA benefits as a disabled child. She works in a sheltered workshop earning an average of \$5 weekly. Her countable income is \$565.

#4 Mr. Jackson is in a Rehabilitative Residence, which meets the definition of a GLA. He receives an \$82 personal needs allowance and \$560 SSA. His countable income is \$642.

Shelter Costs and Medical Expenses

- The operator of the GLA is the resident's landlord and provider of certain medical services.

- Medical services that GLAs frequently provide include:
 - ◆ Personal attendant care,
 - ◆ Supervision of medicines,
 - ◆ Follow through on physician's, visiting nurse's or therapist's recommendations for home treatment,
 - ◆ Medical transportation.
- Use the GLA operator's statement regarding the amount the resident is charged for shelter costs.
- Room and Medical costs that are separately identified are allowable shelter and medical expenses.

Example: Ms. Smith lives in a GLA. She receives SSI of \$579 per month. She pays \$450.00 per month to the GLA. The GLA states \$250.00 of this money is the charge for shelter. The GLA verifies that the balance of \$200.00 is the charge for medical services (attendant care, health aide, and medical transportation). Budgeting for this applicant is: \$579 income, \$165.00 (\$200 - \$35=\$165. CARES will do this calculation) medical expense, and \$250.00 shelter expense.

- Normally the GLA will identify the charge for each of the separate costs. **If the GLA combines the amount the resident pays for room and meals into one amount and the GLA cannot itemize the charges, use the amount that exceeds the food stamp maximum allotment as the allowable shelter cost.**
- If the GLA incorrectly includes PAA personal needs allowance as shelter cost on the rent form, you must subtract the \$82 before entering the shelter costs on the system.

Example: The CARE Home facility that Mr. Jones lives in provided a rent verification form that listed his total income \$879 (\$579 SSI and \$300 PAA grant) as the cost for shelter and meals. The case manager subtracts the maximum food stamp allotment of \$149 and the \$82 personal needs allowance to calculate the shelter cost and enters \$648 on the SHEL screen.

- **If the GLA does not separately identify the amounts paid for medical and shelter costs do not allow a deduction for the cost.** In most instances, a provider will identify the costs separately, if applicable, as either shelter and/or medical. Use the provider's verification of the breakdown of costs unless questionable.
- The medical provider must verify medical expenses. The person, agency, or organization that provides a service is the correct source of verification of an expense.

- Often the GLA provides medical services. The GLA may bill the resident for some, but not all, of the services. The GLA facility operator must provide a written statement of the medical services it charges the resident.
- The GLA is the correct source of verification of the costs of attendant care that the GLA provides. If an agency other than the GLA provides the attendant care the agency providing the service is the source of verification.

Some GLAs keep an accounting of medical expenses that it pays on behalf of the resident. The case manager can use this information to determine medical expenses, unless it is questionable. If the GLA does not keep an accounting of the medical bills the case manager must get verification directly from the provider. For example, the customer has to go to the doctor every month, the case manager must verify the charge for the doctor visits with a bill or statement from the doctor's office.

Attached is a form, DHR/FIA 129 (4/05), that local departments can use to verify the expenses of individuals who live in group living arrangements. The form will be printed and an initial supply distributed to local departments in May.

Payment Accuracy Warning:

- **Quality Control recently cited an error because the agency used an expense that the household was not responsible for paying. When the reviewer questioned the GLA about the expense that exceeded the resident's income, the GLA said the stated amount was what they would charge if the resident's income ever increased.**
- **The case manager cannot allow a medical deduction unless the household is responsible for the bill.**
- **If the household's total expenses (medical and shelter) are more than its income, the case manager must follow up with the GLA to get clarification.**

INQUIRIES:

Please direct questions to Kay Finegan at 410-767-7939.

Attachment

cc: FIA Management Staff
Constituent Services
DHR Help Desk

MARYLAND DEPARTMENT OF HUMAN RESOURCES
Family Investment Administration

Verification of Expenses and Assets for Residents of Group Living Arrangements

Customer Name: _____ Local Office: _____
AU# Number: _____ Case Manager: _____
Date: _____ Telephone Number: _____

To Be Completed by an Authorized Representative of the Group Living Arrangement Facility

Name of Facility IRS Tax Exempt # License Number #

Address of Facility

1. Tell us about the resident's shelter cost

If the resident is responsible for paying shelter costs out of his or her income, tell us the amounts. Shelter costs include rent and utilities (including shared utilities). If the amount you list includes meals, we will subtract an amount for the costs of meals.

Expense	Amount	How often?	
Rent <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		Does rent include meals? <input type="checkbox"/> Yes <input type="checkbox"/> No Does rent include utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		Do utilities include heat or air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the resident share utilities with others? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Tell us about the resident's medical expenses

If the resident is responsible for paying medical costs out of his or her income, list the amounts below. If your facility does not provide the service, we will need proof from the provider of the service.

Expense	Amount	How often?	Provider Name
Attendant Care <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Doctor/Dental <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Nursing Care <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
_____ <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		

- Please Note:**
- > If you list medical and shelter costs together as one expense, we cannot use the expense as a deduction.
 - > We cannot allow an expense that an organization or governmental agency pays directly to you or to a vendor for the care of the resident.
 - > We cannot use the \$82 Personal Needs Allowance towards cost of care.

3. Tell us about the resident's assets held in a Personal Fund Account

If the resident has a personal fund account with your facility, please provide information about the amount in the account. If the resident has an account at a bank, we may ask for verification from the bank.

Personal Fund Account Yes No Amount \$ _____

Authorized Signature Title Date Telephone

